THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) Improvement of various services provided in the CGHS dispensaries is an ongoing process. There is an inbuilt mechanism to improve the functioning of CGHS dispensaries by way of inspection, supervision and guidance by Senior Officers of CGHS.

Eight special inspection teams have also been constituted in Delhi to monitor the functioning of CGHS dispensaries. Surprise visits are made by these teams from-time to time and remedial action taken as and when required. For monitoring the functioning of CGHS dispensaries in cities outside Delhi, surprise visits are made from time to time and remedial action taken accordingly by the respective Additional Directors/Joint Directors of CGHS.

The Government has already approved the combined formulary for the MSO/CGHS in respect of 504 proprietary drugs. Action to procure medicines for the CGHS as per the formulary has been initiated. As a result, availability of drugs in CGHS dispensaries has improved further.

Moreover, Government has constituted a Committee headed by Former Cabinet Secretary to review the functioning of the CGHS and for giving recommendations for making it more user friendly.

The above mentioned committee has invited the comments/suggestions from pensioners and other Welfare Organisations in this regard.

Japanese Enciephalitis

365. SHRIMATI SUKHBUNS KAUR:
DR. M.A.M. RAMASWAMY:
SHRI P.K. MAHESHWARI:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Japanese Encephalitis has claimed a heavy toll of life especially children this year, in UP, M.P., Chhattisgarh and other States;

(b) if so, the number of cases reported and the number of lives, *viz.,* men, women and children lost to this disease this year and during the past three years, State-wise;

(c) the steps taken by Government to effectively prevent and curb this menace, indicating the Central aid sought and given to different States;

(d) whether Government have any scheme for financial assistance to the next of the kin of persons dying of this disease; and

(e) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) As per reports received from State Health Authorities, during the year 2005 upto 17.11.2005, 6314 cases and 1539 deaths due to suspected Japanese Encephalitis (JE) have been reported from 9 States in the country. JE has not been reported from M.P. and Chhattisgarh. During the year 2005, JE outbreak has been reported in Eastern part of Uttar Pradesh and till 17th November, 2005, 5842 cases and 1387 deaths have been reported. Children below 15 years were more affected. The State-wise cases and deaths for the last three years are given Statement. (See below)

(c) JE is seasonal and epidemic prone disease. For effective prevention and control of JE and implementation of advance action plan to prevent any outbreak, the Directorate of National Vector Borne Diseases Control Programme (NVBDCP), Government of India has been regularly monitoring situation through constant touch with State Governments as well as convening review meetings; organizing trainings for capacity buidling, providing technical support for outbreak investigations and control, awareness campaigns for community involvement and field visit for supervision and monitoring. During the recent JE outbreak in UP, Government of India provided drugs, ventilators, intravenous fluid for case management of the JE cases. For the control of JE, the State of UP was provided mosquito nets, larvicides and malathion water dispersal powder and lathion technical for indoor spray and fogging operation. Detail is given in State-l. *(See below)*

The State Governments have been advised that in the endemic districts, anticipatory preparations should be made for timely availability of medicines, equipment and accessories as well as sufficient number of trained medical, nursing and paramedical personnel. The strategy for control includes strengthening the surveillance activities and integrated vector control, capacity building and Behaviour Change Communication.

(d) and (e) No, Sir.

Statement

State-wise cases and deaths due to suspected Japanese Encephalitis

SI.No.	Affected States /UTs	2002		2003		2004		2005(P)*	
		C	D	C	D	C	D	C	D
1.	Andhra Pradesh	22	3	329**	183**	7***	3		
2.	Assam	472	150	109	49	235	64	145	52
3.	Bihar	8	1	6	2	85	28	192	64
4.	Chandigarh	4	0	0	0	0	0		
5.	Delhi	1	0	12	5	17	0	2	0
6.	Goa	11	0	0	0	0	0		-
7.	Haryana	59	40	104	67	37	27		
8.	Karnataka	152	15	226	10	181	6	58	5
9.	Kerala	0	0	17	2	9	1		
10.	Maharashtra	119	16	475	115	22	0	60**	29**
11.	Manipur	2	1	1	0	0	0	1	0
12.	Punjab	10	2	0	0	0	0		-
13.	Tamil Nadu	0	0	163	36	88	9	8	1
14.	Uttar Pradesh	604	133	1124	237	1030	228	5842^	1387
15.	West Bengal	301	105	2	1	3	1	6	1
	GRANT TOTAL:	1765	466	2568	707	1714	367	6314	1539

C=Cases D=Deaths

*=Cases as reported by respective States upto 17-11-2005 provisionally.

**=Viral Encephalitis

***=Lab. Confirmed Cases

^=including 429 cases and 103 deaths from Bihar and 30 Cases 3 Deaths from Nepal and 1 case Nil Death from Madhya Pradesh.

Statement-I

Assistance given to U.P. Government for JE outbreak control

Sl. No.	Item	Quantity
1.	Inj. Diazepam 2ml	10,000
2.	Inj. Phenytoin Sodium 50mg/ml.	10,000
3.	Inj. Phenobarbitone 200 mg	2,60,000
4.	IV Fluids NS	1,50,000
5.	IV Dexstrose 10%	2,00,000
6.	IV Fluids Ringer Lactate	50,000
7.	IV Manitol 100 ml	10,000
8.	IV Manitol 350 ml	1,00,000
9.	Inj. Ceftriaxone sodium 250 mg	10,000
10.	Inj. Cefotaxim	2,50,000
11.	Inj. Amoxycillin 250 mg	40,000
12.	Inj. Paracetamol	40,000
13.	Pediatric Cannula	10,000
14.	Inj. Dexamathasone 4 mg/ml	1,05,000
15.	Ambu bags	54
16.	Ventilators	20
17.	Constant Voltage transformers	10
18.	Hand held fogging machines	100
19.	Elisa Reader with washer	One
20.	Semi-automated clinical chemical analyzer	One
21.	JE Diagnostic kits	20
22.	Sterilized syringes	10,00,000
23.	JE vaccine	5,00,000
24.	Malathion Technical	100 MT
25.	Malathion 25% wdp	2800 MT

SI. No.	Item	Quantity
26.	Fenthion	12000 lit.
27.	Temephos	6000 lit.
28.	Synthetic pyrethroid	2200 lit.
29.	Bed nets	4,20,000

AIDS vaccine

366. SHRI GIREESH KUMAR SANGHI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that a final AIDS vaccine has been found; and

(b) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) No, Sir.

(b) Question does not arise.

New drug for Diabetes

367. SHRI GIREESH KUMAR SANGHI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have come across any recent drug to take care of diabetics;

(b) if so, the details thereof; and

(c) the concrete and effective measures taken by Government to stop spreading of diabetes?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) According to the Indian Council of Medical Research there have been several new oral drugs that have become available for the treatment of diabetes Mellitus in the past few years. These include Pio-Glitazone, Repeglinide, Metaglinide and most recently Miglitol. Recently Voglibose, a new drug for diabetes has been approved by the Government for manufacture and marketing in the country. These have provided physicians with a wider choice and have helped in choosing the right drug for the right patient.